

Certification of Experience.

TO BE COMPLETED BY THE PERSON(S) CERTIFYING EXPERIENCE (please print)

I AM QUALIFIED TO CERTIFY EXPERIENCE BASED
ON LICENSURE AS A:

- ☐ FL current state CERTIFIED CONTRACTOR
☐ FL current state REGISTERED CONTRACTOR
☐ Any current REGISTERED ARCHITECT
☐ Any current REGISTERED ENGINEER
☐ Any current BUILDING OFFICIAL
☐ Any contractor currently licensed in FL

Name of Person Certifying Experience

Address

City/State/Zip

I may be reached by phone for comment, if necessary, at the telephone number shown during normal business hours. REQUIRED.

Area Code _____ Number _____

Jobs Held By Applicant	From Month/Year	To Month/Year	Type of Work
Workman/Mechanic/Journeyman			
Forman/Supervisor/Manager			

Detail of Work Performed: _____

I, _____, have read Sumter County's requirements for experience and reviewed the applicant's experience. I have direct knowledge of this applicant's experience, and certify same. I understand my license can be subject to discipline if the information given and attested to by me is found to be purposely misleading and fraudulent.

Notarized Signature of person certifying experience

Date

License Number

State of () County of ()

Before me personally appeared the person named above, known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that executed said instrument for the purposes therein expressed.

Notary Signature

Notary Stamp/Seal →

TO BE COMPLETED BY APPLICANT (And Notary)

I, _____, have read Sumter County's requirements for experience and reviewed the experience requirements. I understand any false information provided on this form may make me ineligible for licensure. I also understand that if a license is issued as a result of information I provided on this application and if that information is later reviewed and determined to be incorrect, it could result in the possible loss of the license. I certify the foregoing is true and correct.

Notarized Signature of Applicant

Date

State of () County of ()

Before me personally appeared the person named above, known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that executed said instrument for the purposes therein
Expressed.

Notary Signature

Notary Stamp/Seal →

Each person certifying experience must complete the top portion of this page.